بسم الله الرحمن الرحيم

عنوان المحاضرة: Abnormal Uterine Bleeding 2

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Diagnosis:

A) History

i-Personal:

1-Age: <20 yrs →dysfunctional uterine bleeding
30 yrs→ Pregnancy complication (e.g. ectopic, abortion)
40 yrs→ Organic Cause (e.g. Fibroid)

2-Marital status: Married→ pregnancy complications, Hormonal intake

ii-Past: Blood disease, Liver disease

iii-Obstetric: history of abortion, Hydatidiform mole

iv-Menstrual: Before the abnormality

v-Present:

1-Exclude extra-genital causes (e.g. bleeding per rectum, hematuria)

2-Exclude generalized bleeding tendencies

3-Ask about: amount, character, duration, bleeding is cyclic or not

4-Other Symptoms: Pregnancy complications, hormonal intake, pain, discharge, GIT/Urinary symptoms

B) Examination:

i-General: 1-Signs of anemia 2-Manifestations of bleeding tendencies (e.g. Bruising, Petechia)
3-Manifestation of thyroid dysfunction 4-Manifestation of Cachexia

ii-Abdominal: -Pelvi-abdominal mass (e.g. Fibroid, Pregnancy)

iii-Local: -Vulva & Vagina→ Ulcers, mass, inflammation -Cervix→ Erosions, Polyps, ulcers
-Uterus→ Size (enlarged or normal) -Adenxa→ any mass

C) Investigations:

1-Transvaginal Ultrasound: ovarian tumors, uterus (endometrial thickness, any focal lesions)

2-Endometrial Biopsy: (Fractional curettage)
-Pre-menstrual→ functional state of endometrium -At the Beginning of bleeding

3-Endoscopy: -Endometrial cavity (hysteroscopy)→ Polyp, subserous fibroid -Pelvic cavity (laparoscopy)

4-Laboratory: -CBC -Platelet count -Clotting time -Prothrombin time
-Thyroid / Liver function tests -Serum progesterone

Treatment:

A) General:

1-Rest 2-Correction of anemia (even blood transfusion)

3-Causal Treatment: -Bleeding Tendency→ Clotting factors -Fibroid / Mass → Excision

B) Medical:

i-Non Hormonal:

1-Antifibrinolytic agents: ►Tranexamic acid (Cyklokapron / Kapron) → Prevent Plasminogen activation
▪↓Blood loss by 50% ▪ Contraindicated in Thromboemoblic diseases

2-Anti Prostaglandins: → ►Mefenamic acid→ Block COX enzyme, Prevent binding of PG to receptors
▪↓Bleeding by 25% ▪↓ Pain

3-Hemostatic agent: ►Diosmin (Daflon)→ ↓Capillary fragility, ↑Platelet aggregation

ii-Hormonal:

1-Progestogens: ► Norethisterone (Cidolut Nor)→ Anti-estrogenic effect
▪ Dose: 1-2 tab (each 5 mg), from the 5th day of menstruation and for 20 days

HR

2-Estrogen: NOT used except in rare cases like severe bleeding in a virgin (High dose)

3-Oral Contraceptive pills (OCPs): ▪ Combined Type (E/P): in cases of atrophic endometrium

4-Danazol: ▪ Weak synthetic androgen ▪200-400 mg daily for 3 months ▪ → Amenorrhea
▪ has many side effects so not used till other medications fail ▪ Expensive

5-GnRH agonist: → Down regulation of the pituitary ▪ Nasal spray / IM ▪ Once / month for 3 – 6 months
▪ In case of fibroid women that still want to get pregnant

6-Progesterone loaded IUD: ►Mirena ▪↓Blood Loss by 80%
▪Used in blood diseases, Chronic renal failure, Liver & Kidney Transplant

C) Surgical:

1-Dilatation & Curettage (D&C):

Indication: -Bleeding after the age of 40 yrs -Failed medical ttt -Severe bleeding

Value: -Diagnostic (determine type of bleeding, exclude organic causes)
-Therapeutic (Stop bleeding), *but bleeding will recur in 1-2 months

2-Endometrial Ablation:

-Destruction of the basal layer of endometrium by Electrocautary or Thermal or Laser

-**Indications:** in cases that hysterectomy is refused or contraindicated

3-Hysterectomy:

Indications: -Failed all lines of ttt including TWICE D&C
-Associated pathology (e.g. fibroid > 40 yrs, ovarian cyst > 45 yrs)